



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

JONATHAN WALKER, MD

**Respondent Name**

STATE NATIONAL INSURANCE CO

**MFDR Tracking Number**

M4-15-2052-01

**Carrier's Austin Representative**

Box Number 48

**MFDR Date Received**

MARCH 9, 2015

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** The requestor did not submit a position summary in the dispute packet.

**Amount in Dispute:** \$627.58

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Our bill audit company has determined additional monies are owed in the amount of \$144.72 has been issued."

**Response Submitted by:** Gallagher Bassett

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 23, 2014	CPT Code 95913 Nerve Conduction Studies (13 or more)	\$482.86	\$0.00
	CPT Code 95886 (X2) Needle EMG	\$144.72	\$0.00
	CPT Code 95869 Needle EMG	\$0.00	\$0.00
	HCPCS Code A4556 Electrodes	\$0.00	\$0.00
TOTAL		\$627.58	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:
- 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
  - 16-Procedure code should not be billed without appropriate primary procedure.
  - U301-This item was previously submitted and reviewed with notification of decision issued to payor, provider (duplicate invoice).
  - 18-Duplicate claim/service.

### **Issues**

1. Is the requestor due additional reimbursement for CPT code 95886?
2. Is the benefit for HCPCS code 95913 included in the benefit of another service billed on the disputed date? Is the requestor entitled to reimbursement?

### **Findings**

1. On the disputed date of service, the requestor billed \$144.72 for CPT code 95886. The respondent states that "Our bill audit company has determined additional monies are owed in the amount of \$144.72 has been issued." The Division attempted to contact the requestor's representative, Jaelynn, via telephone and email to confirm payment was received; however, to date a response has not been received to the request. Based upon the submitted documentation, the Division finds that payment for CPT code 95886 was issued and a dispute no longer exists.
2. According to the explanation of the respondent denied reimbursement for CPT code 95913 based upon reason code "97."

On the disputed date of service, the requestor billed codes 95913, 95886, 95869 and A4215.

28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

28 Texas Administrative Code §134.203(b)(1) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Per CCI edits, CPT code 95913 is a component of 95869, effective January 1, 2013. A modifier is not allowed to differentiate the service; therefore, the respondent's denial based upon reason code "97" is supported. As a result, reimbursement is not recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

06/25/2015  
\_\_\_\_\_  
Date

## ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**